AUTHORIZED UTILITY REPRESENTATIVE FORM

	TYPE: []IXC	[X]CLEC	[]ILEC	[] Water	[] Sewer	2005
	<u>.</u>	ERTIEICATEDIC	<u>ompany</u> i	NFORMATION		
A Company of the April 21	uality Telephone, Inc.			FEIN/SSN:		JIN -5
Compan	y Name				岩路	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
Dba/fka_			100	Telephone #	#: <u>972-546-9990</u>	0€ :30 MB
Mailing A	Address: P.O.B	ox 7310			řři	<u>3</u> 0
Dallas, 1	TX 75209			270		ul de la companya de
City, Sta	ite, Zip Code					100
	2777 N. Stemmons Frw	<u>y., Ste. 701</u>				
Busines	s Location		et de			
And the second of the second	Dallas, TX 75207			County: USA)	
City, Sta	ate, Zip Code		44 - 12 S			
		REGISTERED	AGENT IN	FORMATION .		
Registe	red Agent: Business Fili	nos International	Inc.			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Mailing	Addréss: <u>* * * * * 1040 F</u>	<u> Rock-N-Ureek Ka:</u>				
0:1	Leesville, SC	<u>29070 </u>				
City, St	ate, Zip Code					
	ant to the Commis	<u>sion's rules an</u>	d regulat	tions, print or ty	pe company	<u>contact</u>
for the	e following areas:					
A.	Regulatory Officer:	Jim Houghtalin	-			
	972-546-9990	<i>l</i> 972-54		noughta@qtelephon	e.com	
	Telephone Number	/ Facsimile Num	nber /	E-mail Address		
B.	Customer Complaints:	Joan Parker				
	972-546-9990	/972-546-9991		parker@qtelephone	.com	
	Telephone Number	/ Facsimile Nun	nber /	E-mail Address		
		get al			CONTINUE	ON BACK

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C.	Engineering Operation	ris						
		1	1					
	Telephone Number	/ Facsimile Number	/ E-mail Address					
D.	Test and Repair:							
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	Telephone Number	/ Facsimile Number	/ E-mail Address	-				
E.								
(During Non-Office Hours)								
	214-746-6363	/972-546-9991	/fmcgovern@gtelephone.com					
	Telephone Number	/ Facsimile Number		-				
F.	Financial: Frank McGovern							
		(During N	Non-Office Hours)					
	214-546-9990	/972-546-9991	/fmcgovern@qtelephone.com					
	Telephone Number	/ Facsimile Number	/ E-mail Address					
G.	Customer Contact (To	ll Free) 800-527-323	3					
FRANCISX. MEDDEN X mixMADVE								
	This form was completed by Title: Sc. Manuacier Date: 06-01-00							
	Title: SK N	HUMBIEN	Date: 06-01- C					

RETURN COMPLETED FORM TO: Public Service Commission of SC

Docketing DepartmentPost Office Drawer 11649

Columbia, South Carolina 29211

And

Office of Regulatory Staff Attn: Jeanne Gordon Post Office Box 11263 Columbia, South Carolina 29211

(Rev. PSC05)